

HERITAGE CHRISTIAN ACADEMY FIELDTRIP INFORMATION

**PLEASE SIGN AND RETURN THIS FORM, WITH PAYMENT,
ON OR BEFORE: _____**

_____ **GRADE(S)**
(Please list **all** grades going)

CONTACT PERSON: _____
(Person in charge of making fieldtrip arrangements)

I hereby certify that my son/daughter _____
(Name of child)
has my permission to participate in the field trip listed below:

PLACE: _____

DATE: _____ COST (per person) \$ _____

In case of emergency, I give permission to the school authorities, or its representatives, to obtain medical treatment of my child in my absence.

Signature of Parent or Guardian

Date

WE NEED DRIVERS.

Please indicate with a check mark if you will help with transportation. () Yes, I will drive. My name is _____.

The number of working seat belts in my vehicle, including the driver, is _____.

Have you filled out and returned a Drivers Release Form for the **99-00 school year?**

() Yes () No, please send me a Driver's Release Form.

OFFICE USE ONLY

_____ copied _____ distributed _____ entered

**HERITAGE CHRISTIAN ACADEMY
FIELDTRIP GENERAL WAIVER & EMERGENCY RELEASE FORM
FOR THE 2000-2001 SCHOOL YEAR**

I agree that for every permission slip that I sign, I am releasing my child to attend the designated activity. I hereby release and discharge any teacher, employee, or other person engaged in the designated activity, from all claims, both present and future, known or unknown, in any manner arising out of the described activity. I furthermore understand and agree that this release will hold, and that any teacher, employee, or other person engaged in the described activity is to remain harmless from any and all liability relating to my son/daughter. I release each person from such liability and all personal injury or illness that may be suffered by my son/daughter, and furthermore, I agree to hold them harmless from any loss of property by my son/daughter that may occur during the described activity.

In case of emergency, I give permission to the school authorities, or its representatives, to obtain medical treatment of my child in my absence.

It is understood that **no** child will be allowed to participate in this activity until his/her parent or guardian signs this form.

Signature of Parent or Guardian

Date